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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/533,224	04/29/2005	Hisaya Nishide	271657US0PCT	8883
OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314		EXAMINER		
		SZNAIDMAN, MARCOS L		
ALEXANDRIA	ALEAANDRIA, VA 22514		ART UNIT	PAPER NUMBER
			1612	
			NOTIFICATION DATE	DELIVERY MODE
			01/02/2009	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	0/533,224 NISHIDE ET AL.		
interview Summary	Examiner	Art Unit	
	MARCOS SZNAIDMAN	1612	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>MARCOS SZNAIDMAN</u> .	(3)		
(2) <u>Richard Chinn (Attny)</u> .	(4)		
Date of Interview: 01 October 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Richard Cinn (Attny) consequence this application is considered abandoned.</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW ON REVERSE SIDE OF ON Attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS HIS LATER, TO
/MARCOS SZNAIDMAN/			

Application No.

Applicant(s)